B2L Property Management LLC

Rental Application

Applicant Information						
Name:						
Date of birth:		SSN:			Phone:	
Current address:						
City:		State:			ZIP Code:	
Own Rent (Please circle)	Monthly p	payment o	or rent:			How long?
If you rent, Landlord name and phone number:						
Previous address:						
City:	State:				ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:				How long?	
Employment Information						
Current employer:						
Employer address:						How long?
Phone:	E	-mail:			Fax:	
City:	State:				ZIP Code:	
Position:	Hourly	Salary	(Please circle)	Anr	ual income:	
Emergency Contact				1		
Name of a person not residing with yo	u:					
Address:						
City:	State:			ZIP Cod	le:	Phone:
Relationship:						
Co-applicant Information, if Married						
Name:						
Date of birth:		SSN:			Phone:	
Current address:						
City:		State:			ZIP Code:	
Own Rent (Please circle)	Monthly p	ayment o	or rent:			How long?
Previous address:						
City:		State:			ZIP Code:	
Owned Rented (Please circle)		Monthly	y payment or rent:			How long?
Co-applicant Employment Information						
Current employer:						
Employer address:						How long?
Phone:	E·	-mail:			Fax:	
City:	State:			ZIP Code:	ZIP Code:	
Position:	Hourly	Salary	(Please circle)	Anr	nual income:	
Reference						
Name:		Addres	S:			Phone:
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.						
Signature of applicant:						Date:
Signature of co-applicant:						Date: